

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 700522 RECEIPT DATE: 11 / 15 / 00
IA NUMBER: PCT/ US00 / 10637 IA FILING DATE: 04 / 19 / 00
FAMILY NAME: KAPILOW DELAY WAIVED (Y/N): N
GIVEN NAME: DAVID A. DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 04 / 19 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 1999-0096-1 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: AT & T CORP
STREET: PO BOX 4110
CITY: MIDDLETOWN
STATE/COUNTRY: NJ ZIP: 077484110
EMAIL:
APPLICATION TITLES:
METHOD AND APPARATUS FOR PERFORMING PACKET LOSS OR FRAME ERASURE CONCE
ALMENT

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

SERIAL NUMBER 09/700,522	FILING DATE 11/15/2000	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. 199-0096-1A
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APPLICANTS

David A. Kapilow, Berkeley Heights, NJ ;

** CONTINUING DATA ****

THIS APPLICATION IS A 371 OF PCT/US00/10637 04/19/2000
 WHICH CLAIMS BENEFIT OF 60/130,016 04/19/1999

UPA 9/8/04

** FOREIGN APPLICATIONS ****

UPA 9/8/04

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 12/22/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 14	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

AT & T Corp
 PO Box 4110
 Middletown , NJ 07748

TITLE

Method and apparatus for performing packet loss or frame erasure concealment

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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